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AUTHOR Allen, Roger J.
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ABSTRACT

A holistic approach to health education is presented with a model outlining the scope, direction and impact of such education on individual development. The fundamental concept in this model is the interrelationship between physical, mental, and spiritual health, and it expands from these three areas into dimensions that may and may not be altered by health educators. Consideration is given to external factors having an impact on personal health, such as physical and social environment, and also to internal factors such as heredity, experience and personal values. The possibility of unifying considerations of the total human potential and environment to create an effective approach to health education is discussed. (JD)

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THE DOMAIN OF HEALTH:
A CONCEPTUAL MODEL
OUTLINING THE SCOPE, DIRECTION, & IMPACT
OF
HEALTH EDUCATION

BY

ROGER J. ALLEN, PH.D.

Director of Research & Graduate Studies
Department of Health Education
University of Maryland

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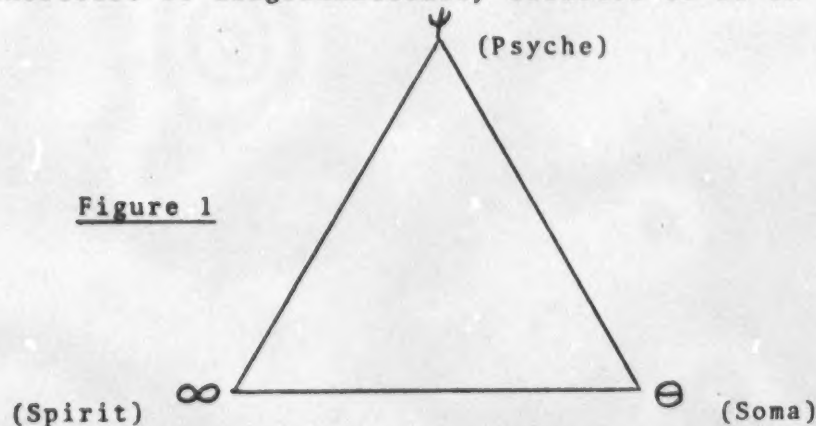
The need for a comprehensive model which delineates the domain of the field of health education becomes apparent as the scope of topic areas offered in the discipline continues to expand. With the reality that in the near future decisions must be made regarding knowledge base criteria on which to certify health education professionals, the need for a definition of professional domain is underscored. Further, we cannot hope to gain credibility and due recognition as a professional group until we have outlined the territory of our efforts and potential influence. Therefore, the purpose of this article will be to suggest a comprehensive model of the domain of health. This model will be offered with the intent that it will serve as a conceptual tool for the definition, integration, and evaluation of the health education profession.

- *1 The first step, in conceptualizing a comprehensive model of the domain of health, is to identify the fundamental facets of human existence that together determine the overall character of personal health. An emerging consensus on this point identifies three basic elements of individual health. These are physical, mental, and spiritual health.

Physical health refers to biological integrity, or simply the physical status of the individual; the domain of the traditional medical model. In the recent past, this element was considered to be the sole dimension of concern of human health. Mental health is somewhat more difficult to operationalize.

The concept refers to a state of mental, attitudinal, and emotional well being. Spiritual health, an element of emerging interest within the profession, is an undefined entity at this point. In a health context, the construct may be considered independent of religion and religious dogma. It may refer to the creation, acceptance, and integration of personal philosophy; or to the adoption of a co-creator perception;¹ or the orienting of one's daily behaviors around personally defined ultimate goals. This is undefined territory, but nonetheless stands as a critical facet of individual health to be considered and explored. For the purpose of developing the model, these three entities will be referred to as the soma (Θ), psyche (Ψ), and spirit (∞) respectively.

To arrive at any meaningful understanding of individual human health, it must be recognized that these three elements are not independently functioning entities. Rather, they continually interact and influence each other. The nature of individual health is not determined by considering each component separately, but by integrating them into a coherent, functioning whole. The conceptual model of individual health may therefore be diagrammatically illustrated as in Figure 1.



An equilateral triangle represents the domain of individual human health. Its vertices are the three elements of personal health, each one connected to and equidistant from the other two. The lines of the triangle illustrate the interaction between the two elements connected. For example, the line connecting the psyche and soma represents psychosomatic influences, such as the human stress phenomenon. In this instance, health may be impaired by psychological turmoil and emotional upset, triggering a prolonged stress response in the body. Conversely, health may be enhanced by recognizing the dynamic relationship between the mind and body along this line, and promoting a harmonious positive interaction.² Examples could include active reinforcement of the affirmative emotions or positive cognitive reappraisals to help alleviate physical distress. Similar interactions exist between somatic and spiritual health, as well as between spiritual and psychological well being. The character of these lines of interaction are dependent upon how one chooses to define the spiritual health element.

Emerging from the model at this stage, is the important realization that health is an integrative discipline. The overall health of the individual is a matter of striving to achieve and/or maintain harmonious interactions along these three lines. Therefore, the health education profession should focus its efforts not solely on distinct knowledge areas, but also on mechanisms to promote a positive integration of all elements of human existence.

*2

The model at this point is incomplete. Its scope only encompasses the health concerns of an existing individual. It is not yet taking into account the influence of two critical elements. The first of these two elements exerting influence on health conditions and potentials, may be labeled the "endogenous factors." The endogenous factors include those things, produced from within an individual, which set up the limitations and conditions under which he/she must operate. The individual has no direct control over these factors. They precede the individual and establish the conditions under which growth and development will largely be determined.

This concept will be more easily understood after fitting the endogenous factors into the diagrammatic model and using some examples to illustrate the relationship between this new element and the three elements of personal health previously discussed. Since the endogenous factors are the initial basis of what an individual becomes, they are placed in the model at the bottom, or the base. This element will, in theory, equally influence the three others. The resulting model will take on the three-dimensional character of a regular, four-sided tetrahedron (an inverted triangular pyramid), as illustrated in Figure 2.

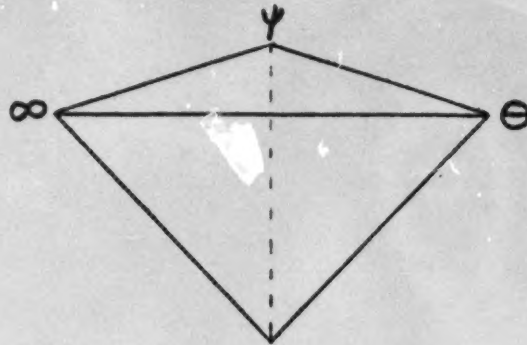


Figure 2

Endogenous Factors

The three new lines created here, connecting the endogenous factors to each of the three elements of individual health, outline the knowledge domains which can impact personal health through pre-established conditions or limitations. For example, the line connecting endogenous factors and the soma (physical health) is the domain of human genetics. This edge of the model delineates the physical, or genetic preconditions which set up the biological or physical health limitations of the individual. The edge connecting the psyche with the endogenous factors may refer to past learning or life experience. The remaining edge of the figure may be described as what the individual presupposes or has come to value.

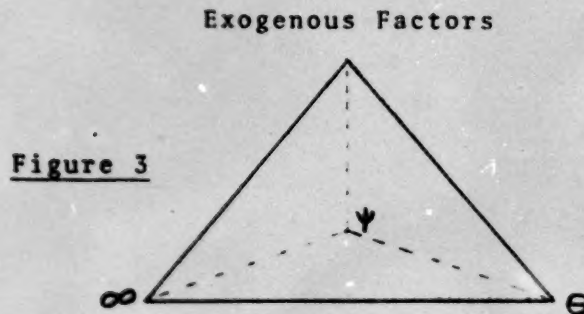
With the model at this stage, we are in a position to consider not only the "lines" of interaction which integrate only two elements of health at a time, but also broader "planes" of influence on health. The model at this phase presents four planes, or faces, of the tetrahedron. The top face, outlined by the three elements of personal health, may be defined as the "plane of personal health." The plane connecting the psyche, soma, and endogenous factors may be

discussed in terms of how these three factors combine and interrelate to influence health. One health concern contained within this plane might be the etiology of stress-related disorders. The emergence of a particular stress related disease, such as hypertension, migraines, gastrointestinal problems, etc., is based in part on psychological set, or how stressors are cognitively appraised, the response of the body to stress, and genetic or inherited physiological predispositions to manifest a malfunction or weakness in a specific organ system. The two planes integrating the spiritual component with the endogenous factors may be understood in terms of what Ivan Pavlov has termed the "goal reflex." According to Pavlov, "Purpose has a tremendous biological importance; it is the basic form of the vital energy of everyone."³

*3 One final, critical factor must be added to the picture to complete the model of the domain of health. As already discussed, health is influenced by internal or pre-existing endogenous factors, as well as by the three elements of personal health. It should be realized that individual human beings are not autonomous entities. There always exists encounters, interactions, and mutual influences between the individual and the existing external environment; entities outside him/herself. This interaction and exchange, between the individual and the outside world, has profound influences on health. This influence effects not only the health of the individual but of the external environment as well, which can

in turn feedback to the individual, in a cyclic fashion.

By designating the exogenous factors as the top vertex of a tetrahedron which has the plane of personal health as its base, a second three-dimensional space is outlined as illustrated in Figure 3.

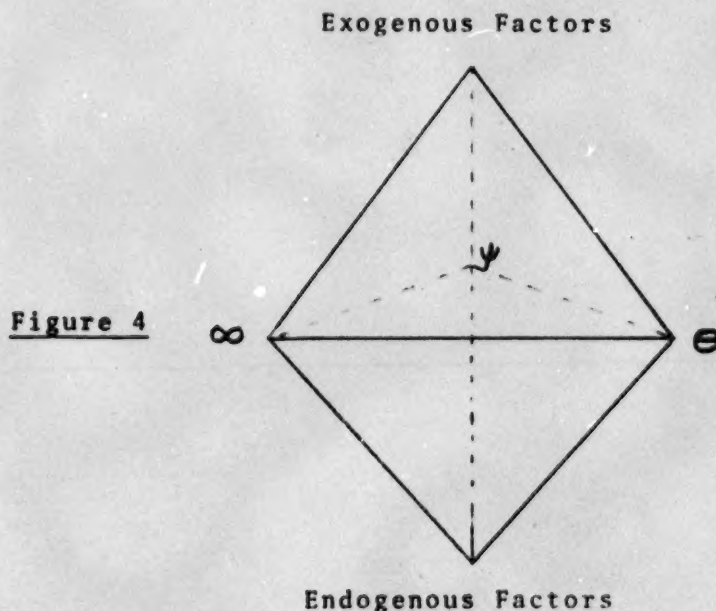


The space delineated by this tetrahedron encompasses the individual and his/her interactions with the external environment. The line or edge connecting the soma and the exogenous factors may represent several health issues, such as environmental health and pollution, substance use and abuse, human nutrition, etc.. This line indicates the disciplines of knowledge which address themselves to how the external environment interacts with physical health. Social and interpersonal interactions are drawn into the domain of health by the line connecting the exogenous factors with the psyche. This refers to how our relations with other individuals and social structures influence health. The line drawing together the exogenous factors and the spirit places the individual's relationship with perceived external

spiritual entities, i.e., nature, deity, etc., into the domain of health as well.

As was the case with the first tetradedron presented, it is appropriate to consider not just lines, but planes of interaction and elemental integration. One application of the plane in the figure connecting the psyche, soma, and exogenous factors may be discussed by referring again to the discipline of human stress. The exogenous factors here involve external events or situations (potential stressors) which may influence a person's physical condition depending upon how they are cognitively appraised. A host of interpretations are possible, equally valid, and viable for each plane of the figure.

*4 Using these two defined spaces, the complete model of the domain of health may be assembled. This is accomplished by connecting the two tetrahedrons at their common face, the plane of personal health. Figure 4 illustrates the completed model of the domain.



The model now exists in complete form as a three-dimensional figure, with a central plane of personal health, influenced by internal factors, such as heredity, experience and values; and external factors, such as physical or social environment, etc.. At this point, a comprehensive model exists with which to view, describe, theorize, and assess the interrelations and interactions of factors contributing to health. Based on this model, the domain of health may be defined as the space of interactions contained within this three-dimensional figure.

*5

How the model may be effectively put to use by the profession of health education is the next consideration. First, the existence of a comprehensive model of professional domain can help define the territory, or sphere of influence, of health education. It may further help us to define our professional roles as health educators.

Utilizing the model to provide insight into how the discipline can most effectively impact the quality of life as an equally, if not more, important application. The bottom half of the model, the endogenous domain, involves areas that already exist and have previously exerted their influence. This section of the model represents an area which health educators cannot directly impact or alter. Rather, these are areas which the conscientious professional should be aware of and explore, in order to attempt to possess a complete understanding of the underlying factors which have set up the existing human condition. A sound knowledge base in these

areas should be included as a fundamental component in the professional preparation of future health educators.

The area that health education may exert potentially its greatest direct impact on is the top half of the model; the interactions relating personal health and exogenous factors. In areas such as human nutrition, substance uses, environmental health, psychosomatic interactions, psychosocial dynamics, etc., the profession has the theoretical potential for exerting profound influence on the quality of human existence.

Based on an integrative theory of health, this model encourages exploration into the many interpretations of various elemental interactions within the health domain. It has been designed along fundamental lines, so that it will serve to be open to continual interpretation and not be exclusive of subject areas carrying potential health impact.

Health education is viewed, by the authors, as an integrative discipline. If we presuppose that health is related to achieving a balanced existence along all the dimensions of the model, then the goal of the health education process is to promote a balance of all elements of the health domain and assist the individual in choosing his/her respective path to the center of the space outlined by the model. A state of positive well being may then be defined as one in which all five elements of the health domain are balanced to enhance and optimize the functioning of each other, contributing to an integrated whole.

For the field of health education to be effective, it should display the same balance along the five elements of the domain. This gives us a defined starting point for assessing the discipline. It facilitates identification of strengths and weaknesses in the profession along the lines of the defined domain. We have focused most of our efforts in health around the physical health element. This is clearly our present strength. The development of the profession should include an expansion of our efforts; moving along the lines of the model, outward from the physical health vertex. This does not imply sacrificing or abandoning our expertise in the biological integrity area, but rather to augment it by gradually developing and integrating the other elements of the domain. Our elemental weakness, at this point, is the spiritual health area. This area was not discussed as clearly or in as much detail as the others within this article. This is largely because the spiritual health element is unexplored territory. It is an entity that the profession has so far shied away from, for lack of a clear conceptual definition of the construct. This is an area in need of further development and integration into the health education profession.

Finally, based on the model, a clarified interpretation of the concept of "holistic health" is possible. This construct has been the source of contradiction and confusion in both lay and professional literature.^{4,5} If we again presuppose that a healthy situation is one in which all of the five elements of

the model are operating in a harmonious, synergistic balance, then the term holistic health would refer to processes by which those defined elements are brought into balance. The task of a holistic approach to health education would be to serve as an integrating stimulus. This approach would not require the individual educator or department to possess high level expertise in every knowledge base area of the domain, but rather to be able to facilitate the integration of the domain's elements. The profession may utilize specific topic areas, such as human sexuality, controlling stress and tension, death education, lifestyle analysis, values clarification, etc., to demonstrate for individuals and society the process of integrating all factors influencing health into a dynamic, balanced condition capable of enhancing overall quality of life.

Only a few of the potential applications of the model have been presented. The model has been suggested here, not only to begin clarification of a central issue in the profession, but to serve as a stimulus for future consideration of the professional domain of health education.

REFERENCES

- 1) Burt, J., and Kreuter, M., "Something To Be Health For: A Prerequisite For Health," presentation to the 94th Annual AAHPER National Conference, New Orleans, Mar. 14, 1979.
- 2) Pelletier, K., Mind As Healer, Mind As Slayer, Delta, New York, 1976.
- 3) Pavlov, I., "The Goal Reflex," in: Choron, J., "Concerning Suicide in Soviet Russia," Bulletin of Suicidology, Dec. 1966.
- 4) Bezanson, D., Holistic Health, Sun Publishing, New York, 1978.
- 5) Ardell, D. B., High Level Wellness, Rodale Press, Emmaus, PA., 1977.